



## Interoffice Memorandum

December 19, 2017

**TO:** Mayor Teresa Jacobs  
and Board of County Commissioners

**FROM:** Raymond E. Hanson, P. E., Director  
Utilities Department

*Raymond E. Hanson*  
FOR RAY HANSON

**SUBJECT: BCC Agenda Item – Consent Agenda  
January 9, 2018 BCC Meeting  
Amended Consent Order between the State of Florida Department  
of Environmental Protection and Orange County – OGC File No.  
14-0475  
Contact Person: Michael J. Hudkins, P. E., Manager  
Utilities Water Reclamation Division  
407-254-9685**

The Eastern Water Reclamation Facility (EWRF) currently operates under a Florida Department of Environmental Protection (FDEP)-issued Consent Order that provides the facility with specific interim effluent quality and effluent flow limitations during the construction of the on-going EWRF expansion project. The construction activities require certain treatment basins to be temporarily placed out-of-service. Under certain conditions, when the treatment basins are out-of-service the interim effluent limits will be exceeded.

This amendment to the Consent Order revises the annual average, monthly, and weekly interim effluent limits for total phosphorus and imposes annual average, monthly, and weekly interim effluent limits for total nitrogen. In addition to the amended effluent limits, this amended Consent Order modifies the dates for compliance to allow for construction delays and provide time for the newly constructed treatment trains to operate efficiently and account for the longer averaging period for the annual average interim limits.

Orange County Attorney's Office staff reviewed the amended Consent Order prepared by FDEP and has approved it as to form. Utilities Department staff recommends approval.

**Action Requested: Approval and execution of Amended Consent Order  
between the State of Florida Department of  
Environmental Protection and Orange County – OGC  
File No. 14-0475.**

**All Districts.**

BCC Mtg. Date: January 9, 2018

BEFORE THE STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA DEPARTMENT	)	IN THE OFFICE OF THE
OF ENVIRONMENTAL PROTECTION	)	CENTRAL DISTRICT
	)	
v.	)	OGC FILE NO. 14-0475
	)	
ORANGE COUNTY	)	
_____	)	

**AMENDED CONSENT ORDER**

This amended Consent Order ("Order") is entered into between the State of Florida Department of Environmental Protection (the "Department") and Orange County, a charter county and political subdivision of the State of Florida ("Respondent"), to reach settlement of certain matters at issue between the Department and Respondent.

The Department finds and Respondent admits the following set forth in paragraphs 1 through 3:

1. The Department is the administrative agency of the State of Florida having the power and duty to protect Florida's air and water resources and to administer and enforce the provisions of Chapter 403, Florida Statutes ("F.S."), and the rules promulgated and authorized in Title 62, Florida Administrative Code ("F.A.C."). The Department has jurisdiction over the matters addressed in this Order.

2. Respondent is a person within the meaning of Section 403.031(5), F.S.

3. Respondent owns and operates the Eastern Regional Water Reclamation Facility, a 19 million gallon per day ("MGD") annual average daily flow ("AADF") permitted capacity advanced domestic wastewater treatment ("AWT") plant which includes three parallel treatment trains consisting of odor control, mechanical influent screening, grit removal, activated sludge/advanced wastewater treatment with nutrient removal, chemical feed facilities, secondary clarification, tertiary filtration and chlorination with aerobic digestion, and thickening and dewatering of residuals that discharge to the following: (a) a 6.2 MGD AADF permitted capacity wetland system ("R-003"), to be increased to 12.2 MGD AADF; (b) the

Econlockhatchee River ("D-001"); (c) a 2.5 MGD AADF permitted capacity rapid infiltration basin ("RIB") system; (d) a 13.0 MGD AADF permitted capacity industrial reuse system at the Curtis H. Stanton Energy Center; and (e) a 5.75 MGD AADF permitted capacity slow-rate public access reuse system ("R-004") ("Facility"). Respondent operates the Facility in accordance with Wastewater Permit No. FL0038849 ("Permit"), which was issued on October 24, 2014, expires on October 23, 2019, This Permit includes the Respondent's intent to expand the Facility from a 19 MGD AADF plant to a 24 MGD AADF, and improve the Facility's overall treatment performance ("Phase V Improvements"). The Facility is located at 1621 South Alafaya Trail, Orlando, in Orange County, Florida (the "Property"). Respondent owns the Property on which the Facility is located.

4. The Department finds that the following violation(s) occurred:

a) In December 2012, January 2014, and February 2014, the Facility exceeded the Permit's limit of 0.4 milligrams per liter ("mg/L") for maximum Total Phosphorus ("TP") by 1.1 mg/L, 1.34 mg/L (0.89 mg/L (Department sample result)), and 0.72 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S., and Rules 62-4.030 and 62-620.300(5), F.A.C.

b) From January 2014 through March 2014, the Facility exceeded the Permit's limit of 0.3 mg/L for weekly average TP by 0.6 mg/L, 0.48 mg/L, and 0.37 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

c) In December 2012 and from January 2014 through April 2014, the Facility exceeded the Permit's limit of 0.25 mg/L for monthly average TP by 0.38 mg/L, 0.54 mg/L, 0.48 mg/L, 0.29 mg/L, and 0.26 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

d) From December 2012 through May 2013, the Facility exceeded the Permit's limit of 0.2 mg/L for annual average TP by 0.3 mg/L and 0.25 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

e) From December 2012 through November 2013 and April 2014, the Facility exceeded the Permit's limit of 6.2 MGD for annual average flow to R-003 by 9.0 MGD, 8.7 MGD, 8.0 MGD, 7.8 MGD, 7.9 MGD, 7.9 MGD, 8.0 MGD, 8.0 MGD, 7.6 MGD, 6.7 MGD, 6.3 MGD, 6.8 MGD, and 6.5 MGD, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030, 62-620.400(3)(b), and 62-610.810(5), F.A.C.

f) From August 2017 through October 2017, the Facility exceeded this Order's interim limit of 0.35 mg/L for annual average TP by 0.36 mg/L, 0.40mg/L, and 0.45 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

g) In July 2017 and August 2017, the Facility exceeded this Order's interim limit of 0.65 mg/L for monthly average TP by 0.69 mg/L and 0.79 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

h) From January 2017 through June 2017, September 2017, and October 2017, the Facility exceeded the R-003 Permit limit of 6.0 mg/L for annual average Total Nitrogen ("TN") by 6.1 mg/L, 6.1 mg/L, 6.2 mg/L, 6.3 mg/L, 6.3 mg/L, 6.1 mg/L, 6.1 mg/L, and 6.3 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

i) In August 2015 and June 2016, the Facility exceeded the R-003 Permit limit of 7.5 mg/L for monthly average TN by 8.7 mg/L and 7.6 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

j) In August 2015, July 2016, and September 2017 the Facility exceeded the R-003 Permit limit of 9.0 mg/L for weekly average TN by 9.8 mg/L, 9.6 mg/L, and 9.1 mg/L, respectively, which are violations of Section 403.161(1)(b), F.S. and Rules 62-4.030 and 62-620.300(5), F.A.C.

Having reached a resolution of the matter Respondent and the Department mutually agree and it is

**ORDERED:**

5. Respondent shall comply with the following corrective actions within the stated time periods:

a) By September 30, 2015, Respondent shall begin the construction of the

Phase V Improvements, attached hereto and incorporated herein as Exhibit A.

b) By December 31, 2018, Respondent shall complete the Phase V Improvements and submit a Certification of Completion prepared and sealed by a professional engineer registered in the State of Florida that states the Facility expansion has been constructed in accordance with the Permit and Phase V Improvements. Within 30 days of the Department's approval of the Certification of Completion, Respondent shall place the Facility expansion into service.

c) Amended Interim Limits for TP and Total Nitrogen (TN) have been included in Sub-paragraph 5.d) below. Respondent shall perform an evaluation of the Facility's entire wetland system to ensure that this system can meet final permit limits once Phase V Improvements have been completed. Data, observations, and final corrective actions shall be included in the quarterly reports detailed in Sub-paragraph 6.d) below.

d) The effluent discharged from the Facility to D-001 and R-003 shall comply with the TP, TN, and flow annual average interim limits ("Interim Limits") in Table 1, below. All other parameter limits in the Permit remain the same for D-001 and R-003 and shall be complied with by Respondent. The Interim Limits shall become effective upon the first day of the month following the effective date of this Order. The weekly and monthly Interim Limits shall remain in effect until March 30, 2019. The annual Interim Limits shall remain in effect until March 30, 2020. The analysis and reporting of the Interim Limits shall be in accordance with the conditions in the Facility's Permit.

The Interim Limits do not act as State of Florida Department of Environmental Protection Wastewater Permit effluent limitations or modified Permit limitations, nor does it authorize or otherwise justify violation of the Florida Air and Water Pollution Control Act, Part I, Chapter 403, F.S., during the pendency of this Order.

Table 1: Interim Limits for Discharge to D-001 and R-003

Effluent Limitations					Monitoring Requirements	
Parameter	Units	Max/Min	Limit	Statistical Basis	Frequency of Analysis	Monitoring Site
Phosphorus, Total (as P)	mg/L	Max Ma x Max	0.80 1.2 1.5 1.8	Annual Average Monthly Average Single Sample	Weekly	WEP-1
Flow (to wetlands)	MGD	Max	10.0	Annual Average	Continuous	FLW-4
Nitrogen, Total (as N)	mg/L	Max Max Max	8.0 10 12	Annual Average Monthly Average Weekly Average	Daily: 24 hours	EFA-2

Analyses shall be reported once each month on a DMR. DMRs shall be submitted electronically via the EZDMR reporting system and must be received by the Department no later than the 28<sup>th</sup> day following the end of the reporting period (e.g., August report would be due no later than September 28<sup>th</sup>).

6. Every calendar quarter after the effective date of this Order, Respondent shall submit a written status report to the Department. The report shall be submitted to the Department within 30 days following the end of each quarter, and shall contain the following information:

- a) The status and progress of projects being completed under this Order;
- b) Facility's compliance status with the applicable requirements of this Order, including construction requirements, effluent limitations, and reasons for any noncompliance;
- c) Projected schedule of work to be performed pursuant to this Order during the 12- month period following the report; and
- d) Data, observations, and final corrective actions from the evaluation conducted on the Facility's wetland system.

7. Notwithstanding the time periods described in the paragraphs above, Respondent shall complete all corrective actions required by Paragraphs 5 and 6 by March 31, 2020 and be in full compliance with Rules 62-4.030, 62-620.300(5), 62-620.400(3)(b), and 62-610.810(5), F.A.C., regardless of any intervening events or alternative time frames imposed in this Order, other than those excused delays agreed to by the Department, as described in

Paragraph 17 below.

8. Within 60 days of the effective date of this Order, Respondent shall submit a written estimate of the total cost of the corrective actions required by this Order to the Department. The written estimate shall identify the information the Respondent relied upon to provide the estimate.

9. According to Department records the penalty payment was received in full on January 22, 2015. Therefore, Paragraphs 9, 10, and 11 of this Order have been resolved at the time of this amendment. Paragraph 9 of the original Order stated, "Within 30 days of the effective date of this Order, Respondent shall pay the Department \$10,000.00 in settlement of the regulatory matters addressed in this Order. This amount includes \$9,000.00 for civil penalties and \$1,000.00 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Order. The civil penalty in this case includes one violation that warrants a penalty of \$2,000.00 or more."

10. According to Department records the penalty payment was received in full on January 22, 2015. Therefore, Paragraphs 9, 10, and 11 of this Order have been resolved at the time of this amendment. Paragraph 10 of the original Order stated, "In lieu of making cash payment of \$9,000.00 in civil penalties as set forth in Paragraph 9, above, Respondent may elect to off-set 100% of this amount by implementing a Department approved pollution prevention project. A pollution prevention project must be either a source reduction, waste minimization, or on-site recycling project. If Respondent chooses to implement a pollution prevention project, Respondent shall notify the Department of its election by certified mail within 15 days of the effective date of this Order. Notwithstanding the election to implement a pollution prevention project, Respondent must pay the remaining \$1,000.00 in costs within 30 days of the effective date of the Order."

11. According to Department records the penalty payment was received in full on January 22, 2015. Therefore, Paragraphs 9, 10, and 11 of this Order have been resolved at the time of this amendment. Paragraph 11 of the original Order stated, "If Respondent elects to implement a pollution prevention project as provided in Paragraph 10, above, then Respondent shall comply with all of the requirements and time frames in Exhibit C entitled Pollution Prevention Project."

12. Respondent agrees to pay the Department stipulated penalties in the amount of

\$500.00 per day for each day Respondent fails to timely comply with any of the requirements of Paragraphs 5, 6, 7, 8, 11, and 26 of this Order. The Department may demand stipulated penalties at any time after violations occur. Respondent shall pay stipulated penalties owed within 30 days of the Department's issuance of written demand for payment, and shall do so as further described in Paragraph 13, below. Nothing in this paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Order. Respondent shall make all payments required by this Order by County check or on-line payment. County check shall be made payable to the "Department of Environmental Protection" and shall include both the OGC number assigned to this Order and the notation "Ecosystem Management and Restoration Trust Fund." Online payments can be made by going to the DEP Business Portal at: <http://www.fldepportal.com/go/pay/>

13. Except as otherwise provided, all submittals and payments required by this Order shall be sent to Compliance Assurance Program, Department of Environmental Protection, Central District Office, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803-3767.

14. Respondent shall allow all authorized representatives of the Department access to the Facility and the Property at reasonable times for the purpose of determining compliance with the terms of this Order and the rules and statutes administered by the Department.

15. In the event of a sale or conveyance of the Facility or of the Property upon which the Facility is located, if all of the requirements of this Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the Facility or Property, (a) notify the Department of such sale or conveyance, (b) provide the name and address of the purchaser, operator, or person(s) in control of the Facility, and (c) provide a copy of this Order with all attachments to the purchaser, operator, or person(s) in control of the Facility. The sale or conveyance of the Facility or the Property does not relieve Respondent of the obligations imposed in this Order.

16. If any event, including administrative or judicial challenges by third parties unrelated to Respondent, occurs which causes delay or the reasonable likelihood of delay in complying with the requirements of this Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of Respondent



and could not have been or cannot be overcome by Respondent's due diligence. Neither economic circumstances nor the failure of a contractor, subcontractor, materialman, or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines shall be considered circumstances beyond the control of Respondent (unless the cause of the contractor's late performance was also beyond the contractor's control). Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department by the next working day and shall, within seven calendar days notify the Department in writing of (a) the anticipated length and cause of the delay, (b) the measures taken or to be taken to prevent or minimize the delay, and (c) the timetable by which Respondent intends to implement these measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended. The agreement to extend compliance must identify the provision or provisions extended, the new compliance date or dates, and the additional measures Respondent must take to avoid or minimize the delay, if any. Failure of Respondent to comply with the notice requirements of this paragraph in a timely manner constitutes a waiver of Respondent's right to request an extension of time for compliance for those circumstances. Respondent and the Department acknowledge that the Phase V Improvements were subject to the Respondent's bidding requirements and a contractor has been selected pursuant to that process. Respondent has received two bid protests petitions from parties who submitted bids but were not selected. Respondent and the Department acknowledge that the bid protests qualify as events causing delay and such delay is beyond the reasonable control of Respondent. Respondent may request one or more extensions of time for compliance with the terms of this Order due to the pendency of the bid protests.

17. The Department, for and in consideration of the complete and timely performance by Respondent of all the obligations agreed to in this Order, hereby conditionally waives its right to seek judicial imposition of damages or civil penalties for the violations

described above up to the date of the filing of this Order. This waiver is conditioned upon Respondent's complete compliance with all terms of this Order.

18. This Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law. Entry of this Order does not relieve Respondent of the need to comply with applicable federal, state, or local laws, rules, or ordinances.

19. The Department hereby expressly reserves the right to initiate appropriate legal action to address any violations of statutes or rules administered by the Department that are not specifically resolved by this Order.

20. Respondent is fully aware that a violation of the terms of this Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.

21. Respondent acknowledges and waives its right to an administrative hearing pursuant to sections 120.569 and 120.57, F.S., on the terms of this Order. Respondent also acknowledges and waives its right to appeal the terms of this Order pursuant to section 120.68, F.S.

22. Electronic signatures or other versions of the parties' signatures, such as .pdf or facsimile, shall be valid and have the same force and effect as originals. No modifications of the terms of this Order will be effective until reduced to writing, executed by both Respondent and the Department, and filed with the clerk of the Department.

23. The terms and conditions set forth in this Order may be enforced in a court of competent jurisdiction pursuant to sections 120.69 and 403.121, F.S. Failure to comply with the terms of this Order constitutes a violation of section 403.161(1)(b), F.S.

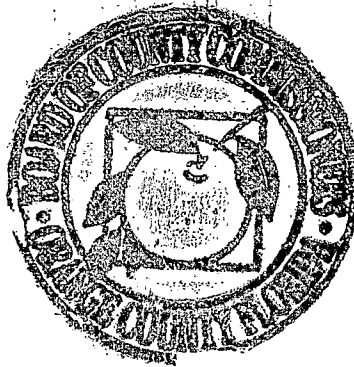
24. This Consent Order is a final order of the Department pursuant to section 120.52(7), F.S., and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, F.S.

25. Upon the timely filing of a petition, this Consent Order will not be effective until further order of the Department. Rules referenced in this Order are available at <http://www.dep.state.fl.us/legal/Rules/rulelist.htm>

FOR THE RESPONDENT:

*tu* *Teresa Jacobs*  
Name: Teresa Jacobs  
Title: County Mayor  
Orange County

Date: *1.9.18*



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FOR DEPARTMENT USE ONLY

DONE AND ORDERED this 23rd day of January, 2018 in Orange County,  
Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Jeff Prather  
Director  
Central District

Filed, on this date, pursuant to section 120.52, F.S., with the designated Department Clerk,  
receipt of which is hereby acknowledged.



Clerk

January 23, 2018

Date

Copies furnished to:  
Lea Crandall, Agency Clerk  
Mail Station 35

## Exhibit A- Phase V Improvements

Below is the discussion of the Phase V Improvements for OCUD/Eastern WRF:

**Existing system:** An existing 19 MGD annual average daily flow (AADF) permitted capacity advanced wastewater treatment facility with Class I reliability, expanding to 24.0 MGD. The existing facility consists of three (3) parallel treatment plants with a common preliminary treatment structure and effluent pump station. The treatment processes include odor control, mechanical influent screening, grit removal, activated sludge/advanced wastewater treatment with nutrient removal, chemical feed facilities, secondary clarification, tertiary filtration, chlorination, thickening and dewatering of biosolids. Previous construction included a 5.0 MGD step-feed Biological Nutrient Removal (BNR), Basin 7, activated sludge treatment train and a 125 foot-diameter clarifier, Clarifier 10.

The -008 permit included Phase V construction with additional filtration, the new Clarifier 11, and disinfection facilities, as well as other improvements included in the November 2011 preliminary engineering report. This permit authorizes construction of a new secondary effluent reject pump station for flow equalization, flocculation chamber (future splitter box) overflow pumping, and flow to and from the reject pond. Upon completion of this construction the facility permitted capacity will be increased from 19.0 to 24.0 MGD AADF.

**Proposed Changes:** The new permit (-009) will include the completion of Phase V construction, including addition of supplemental carbon in order to rerate from 19.0 to 24.0 MGD and to meet the concentration limits for CBOD<sub>5</sub>, TSS, TN and TP - 5.0 mg/L, 5.0 mg/L, 3.0 mg/L, and 0.34 mg/L, respectively. Additional aeration will be added to Phase I/II and Phase III BNR systems. The Phase I/II and III systems are de-rated to 8.0 and 9.0 MGD, respectively. The Phase IV modified step feed BNR will be rerated from 7.0 to 9.0 MGD by addition of a second 125 foot diameter Secondary Clarifier (No. 11), supplemental carbon addition, and use of the disinfection facilities built in the last permit cycle. This permit includes all associated electrical, instrumentation, piping, valving, and appurtenances. This permit includes authorization to construct/install a centrifuge dewatering system for biosolids.

**DRAFT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Orange County Utilities Department  
MAILING ADDRESS: 9150 Curry Ford Road  
Orlando, Florida 32825

FACILITY: OCUD/Eastern Regional WRF  
LOCATION: 1621 S Alafaya Trail  
Orlando, FL 32828-8702

COUNTY: Orange  
OFFICE: Central District

PERMIT NUMBER:

FL0038849-009-DW1P

Expiration Date:

TBD - DRAFT

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESCRIPTION:  
RE-SUBMITTED DMR: ☐  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Interim for Consent Order  
MA  
D-001  
Big Econ. Discharge from wetlands, including Influent

REPORT FREQUENCY:  
PROGRAM: Monthly  
Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Discharge from wetlands)	Sample Measurement									
PARM Code 50050 Y Mon. Site No. EFF-1	Permit Requirement	Report (An. Avg.)	MGD						Continuous	Meter
Flow (Discharge from wetlands)	Sample Measurement									
PARM Code 50050 1 Mon. Site No. EFF-1	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Meter
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Y Mon. Site No. WEP-1	Permit Requirement			2.2 (An. Avg.)			mg/L		Weekly	24-hr TPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 P Mon. Site No. WEP-1	Permit Requirement			4.4 (Max.)	3.3 (Wk. Avg.)	2.75 (Mo. Avg.)	mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Y Mon. Site No. WEP-1	Permit Requirement			0.35 (An. Avg.)			mg/L		Weekly	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 P Mon. Site No. WEP-1	Permit Requirement			1.8 (Max.)	1.3 (Wk. Avg.)	0.65 (Mo. Avg.)	mg/L		Weekly	24-hr TPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DRAFT  
DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: D-001  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ammonia, Unionized (as NH <sub>3</sub> )	Sample Measurement										
PARM Code 00619 Y Mon. Site No. WEP-1	Permit Requirement				0.02 (An. Avg.)			mg/L		Weekly	Calculated
pH	Sample Measurement										
PARM Code 00400 P Mon. Site No. WEP-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		Monthly	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 P Mon. Site No. WEP-1	Permit Requirement				Report (Min.)			mg/L		Monthly	Grab
Flow (Total through plant)	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement		24.0 (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (Total through plant)	Sample Measurement										
PARM Code 50050 R Mon. Site No. FLW-1	Permit Requirement	Report (Qt. Avg.)	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement					Report (Mo. Avg.)		percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement					Report (Max.)		mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement					Report (Max.)		mg/L		Daily; 24 hours	24-hr FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

**DRAFT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

**PERMITTEE NAME:** Orange County Utilities Department  
**MAILING ADDRESS:** 9150 Curry Ford Road  
Orlando, Florida 32825

**PERMIT NUMBER:** FL0038849-009-DW1P

**FACILITY:** OCU/D/Eastern Regional WRF  
**LOCATION:** 1621 S Alafaya Trail  
Orlando, FL 32828-8702

**LIMIT:**  
**CLASS SIZE:**  
**MONITORING GROUP NUMBER:**  
**MONITORING GROUP DESCRIPTION:**  
**RE-SUBMITTED DMR:** ☐  
**NO DISCHARGE FROM SITE:** ☐  
**MONITORING PERIOD** From: \_\_\_\_\_ To: \_\_\_\_\_

**Interim for Consent Order**  
**REPORT FREQUENCY:** Monthly  
**PROGRAM:** Domestic  
MA  
R-001  
Rapid Infiltration Basins

**COUNTY:** Orange  
**OFFICE:** Central District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To RIBs)	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement		2.5 (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (To RIBs)	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-2	Permit Requirement		Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-2	Permit Requirement					20.0 (An. Avg.)		mg/L		Daily; 24 hours	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-2	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-2	Permit Requirement					20.0 (An. Avg.)		mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-2	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Daily; 24 hours	24-hr FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

**COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):**



**DRAFT  
DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-2	Permit Requirement			200 (An. Avg.)	#/100mL		Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-2	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL	Daily; 24 hours	Grab
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EFA-2	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	Continuous	Meter
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-2	Permit Requirement			0.5 (Min.)		mg/L	Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 A Mon. Site No. EFA-2	Permit Requirement				12.0 (Max.)	mg/L	Daily; 24 hours	24-hr FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DRAFT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

**PERMITTEE NAME:** Orange County Utilities Department  
**MAILING ADDRESS:** 9150 Curry Ford Road  
Orlando, Florida 32825

**PERMIT NUMBER:** FL0038849-009-DW1P

**FACILITY:** OCU/D/Eastern Regional WRF  
**LOCATION:** 1621 S Alafaya Trail  
Orlando, FL 32828-8702

**LIMIT:**  
**CLASS SIZE:**  
**MONITORING GROUP NUMBER:**  
**MONITORING GROUP DESCRIPTION:**  
**RE-SUBMITTED DMR:** ☐  
**NO DISCHARGE FROM SITE:** ☐  
**MONITORING PERIOD** From: \_\_\_\_\_ To: \_\_\_\_\_

**Interim for Consent Order** **REPORT FREQUENCY:** Monthly  
**MA** **PROGRAM:** Domestic  
**R-002**  
Reuse Irrigation Stanton Energy Center

**COUNTY:** Orange  
**OFFICE:** Central District

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (CSEC)	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-3	Permit Requirement	13.0 (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (CSEC)	Sample Measurement									
PARM Code 50050 1 Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-2	Permit Requirement			20.0 (An. Avg.)			mg/L		Daily; 24 hours	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-2	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-2	Permit Requirement			20.0 (An. Avg.)			mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-2	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Daily; 24 hours	24-hr FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DRAFT  
DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: R-002  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74055 Y Mon. Site No. EFA-2	Permit Requirement				200 (An. Avg.)		#/100mL		Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-2	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Daily; 24 hours	Grab
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-2	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		Continuous	Meter
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-2	Permit Requirement				0.5 (Min.)		mg/L		Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

## DRAFT

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Orange County Utilities Department  
MAILING ADDRESS: 9150 Curry Ford Road  
Orlando, Florida 32825

PERMIT NUMBER:

FL0038849-009-DW1P

FACILITY: OCUD/Eastern Regional WRF  
LOCATION: 1621 S Alafaya Trail  
Orlando, FL 32828-8702

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESCRIPTION:  
RE-SUBMITTED DMR: ☐  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD

Interim for Consent Order  
MA  
R-003  
Wetland System

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

COUNTY: Orange  
OFFICE: Central District

From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (To wetlands)	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-4	Permit Requirement	10.0 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (To wetlands)	Sample Measurement							
PARM Code 50050 1 Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-2	Permit Requirement			5.0 (An. Avg.)	mg/L		Daily; 24 hours	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-2	Permit Requirement			9.6 (Wk. Avg.)	8.0 (Mo. Avg.)	mg/L	Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon. Site No. EFA-2	Permit Requirement			5.0 (An. Ave.)	mg/L		Daily; 24 hours	Grab
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon. Site No. EFA-2	Permit Requirement			9.6 (Wk. Avg.)	8.0 (Mo. Avg.)	mg/L	Daily; 24 hours	24-hr FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

ISSUANCE/REISSUANCE DATE:

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

**DRAFT  
DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: R-003  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Y Mon. Site No. EFA-2	Permit Requirement			200 (An. Avg.)	#/100mL		Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 P Mon. Site No. EFA-2	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL	Daily; 24 hours	Grab
pH (Within wetlands)	Sample Measurement							
PARM Code 00400 P Mon. Site No. WEP-2	Permit Requirement			Report (Min.)	8.5 (Max.)	s.u.	Daily; 24 hours	Grab
pH (To wetland)	Sample Measurement							
PARM Code 00400 Q Mon. Site No. EFA-2	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	Continuous	Meter
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-2	Permit Requirement			0.5 (Min.)		mg/L	Continuous	Meter
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Y Mon. Site No. EFA-2	Permit Requirement			6.0 (An. Avg.)		mg/L	Daily; 24 hours	24-hr FPC
Nitrogen, Total	Sample Measurement							
PARM Code 00600 A Mon. Site No. EFA-2	Permit Requirement			9.0 (Wk. Avg.)	7.5 (Mo. Avg.)	mg/L	Daily; 24 hours	24-hr FPC
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Q Mon. Site No. WEP-2	Permit Requirement			3.0 (An. Ave.)		mg/L	Daily; 24 hours	24-hr TPC
Nitrogen, Total	Sample Measurement							
PARM Code 00600 R Mon. Site No. WEP-2	Permit Requirement			5.0 (Mo. Avg.)	6.0 (Wk. Avg.)	mg/L	Daily; 24 hours	24-hr TPC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 Y Mon. Site No. EFA-2	Permit Requirement			1.0 (An. Avg.)		mg/L	Daily; 24 hours	24-hr FPC

DRAFT  
DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: R-003  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 A	Permit Requirement				2.4 (Wk. Avg.)	2.0 (Mo. Avg.)		mg/L		Daily; 24 hours	24-hr FPC
Mon. Site No. EFA-2											
Nitrite plus Nitrate, Total 1 det. (as N)	Sample Measurement										
PARM Code 00630 Y	Permit Requirement				Report (An. Avg.)			mg/L		Daily; 24 hours	24-hr FPC
Mon. Site No. EFA-2											
Nitrite plus Nitrate, Total 1 det. (as N)	Sample Measurement										
PARM Code 00630 A	Permit Requirement					Report (Mo. Avg.)		mg/L		Daily; 24 hours	24-hr FPC
Mon. Site No. EFA-2											
Nitrogen, Ammonia, Total (as N)	Sample Measurement										
PARM Code 00610 A	Permit Requirement					2.0 (Mo. Avg.)		mg/L		Daily; 24 hours	24-hr FPC
Mon. Site No. EFA-2											
Cadmium, Total Recoverable	Sample Measurement										
PARM Code 01113 A	Permit Requirement					Report (Mo. Total)		ug/L		Monthly	24-hr FPC
Mon. Site No. EFA-2											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

## DRAFT

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Orange County Utilities Department  
MAILING ADDRESS: 9150 Curry Ford Road  
Orlando, Florida 32825

PERMIT NUMBER:

FL0038849-009-DW1P

FACILITY: OCUD/Eastern Regional WRF  
LOCATION: 1621 S Alafaya Trail  
Orlando, FL 32828-8702

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESCRIPTION:  
RE-SUBMITTED DMR: ☐  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Interim for Consent Order  
MA  
R-004  
Public Access Reuse

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

COUNTY: Orange  
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Public access reuse)	Sample Measurement							
PARM Code 50050 Y Mon. Site No. FLW-6	Permit Requirement	5.75 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Public access reuse)	Sample Measurement							
PARM Code 50050 I Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Daily; 24 hours	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement					5.0 (Max.)	Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					25 (Max.)	Daily; 24 hours	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DRAFT**  
**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: OCUD/Eastern Regional WRF  
Interim for Consent Order

MONITORING GROUP NUMBER: R-004  
MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FL0038849-009-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement			75 (Min.Mo.Total)	percent		Daily; 24 hours	Calculated
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	s.u.		Continuous	Meter
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Turbidity	Sample Measurement							
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement				Report (Max.)	NTU	Continuous	Meter
Nitrogen, Total	Sample Measurement							
PARM Code 00600 Y Mon. Site No. EFA-1	Permit Requirement				Report (An. Avg.)	mg/L	Monthly	24-hr FPC
Nitrogen, Total	Sample Measurement							
PARM Code 00600 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	mg/L	Monthly	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 Y Mon. Site No. EFA-1	Permit Requirement				Report (An. Avg.)	mg/L	Monthly	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement							
PARM Code 00665 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Avg.)	mg/L	Monthly	24-hr FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							



**DRAFT**

**When Completed mail this report to:** Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMIT NUMBER: FL0038849-009-DW1P

LIMIT:		<b>Interim for Consent</b>
CLASS SIZE:		MA
MONITORING GROUP NUMBER:		RMP-Q
MONITORING GROUP DESCRIPTION:		Biosolids Quantity
RE-SUBMITTED DMR:	<input type="checkbox"/>	
NO DISCHARGE FROM SITE:	<input type="checkbox"/>	
MONITORING PERIOD	From:	

COUNTY: Orange  
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	dry tons			Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo. Total)	dry tons			Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DRAFT**

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FL0038849-009-DW1P  
Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: OCUD/Eastern Regional WRF  
Interim for Consent Order

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	pH s.u. (Min.)	pH s.u. (Max.)	Nitrogen, Total As N mg/L	Phosphorus, Total as P mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L
Code	80082	50060	74055	00400	00400	00600	00665	80082	50060
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-2	EFA-2
1									
2									
3									
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26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

## DRAFT

Permit Number:  
Monitoring Period

FL0038849-009-DW1P  
From: \_\_\_\_\_

## DAILY SAMPLE RESULTS - PART B

Facility: \_\_\_\_\_  
To: \_\_\_\_\_  
Interim for Consent Order

	Coliform, Fecal #/100mL	Nitrite plus Nitrate, Total det. (as N) mg/L	Nitrogen, Ammonia, Total (as N) mg/L	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Oxygen, Dissolved (DO) mg/L	Phosphorus, Total (as P) mg/L	pH s.u. (Min.)	pH s.u. (Max.)
Code	74055	00630	00610	00620	00600	00300	00665	00400	00400
Mon. Site	EFA-2	EFA-2	EFA-2	EFA-2	EFA-2	EFA-2	EFA-2	EFA-2	EFA-2
1									
2									
3									
4									
5									
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27									
28									
29									
30									
31									
Total									
Mo. Avg.									

## PLANT STAFFING:

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

**DRAFT**

Permit Number:  
Monitoring Period

FL0038849-009-DW1P  
From: \_\_\_\_\_

**DAILY SAMPLE RESULTS - PART B**

Facility: \_\_\_\_\_  
Interim for Consent Order

	Solids, Total Suspended mg/L	Solids, Total Suspended mg/L	Turbidity NTU	Flow (Discharge from wetlands) MGD	Flow (Total through plant) MGD	Flow (To RIBs) MGD	Flow (CSEC) MGD	Flow (To wetlands) MGD	Flow (Public access reuse) MGD
Code	00530	00530	00070	50050	50050	50050	50050	50050	50050
Mon. Site	EFA-2	EFB-1	EFB-1	EFF-1	FLW-1	FLW-2	FLW-3	FLW-4	FLW-6
1									
2									
3									
4									
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30									
31									
Total									
Mo. Avg.									

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

**DRAFT**

Permit Number:  
Monitoring Period

FL0038849-009-DW1P  
From: \_\_\_\_\_

**DAILY SAMPLE RESULTS - PART B**

Facility: COUD/Eastern Regional WRF  
Interim for Consent Order

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	Nitrogen, Total mg/L	Oxygen, Dissolved (DO) mg/L	Phosphorus, Total (as P) mg/L	pH s.u.	Nitrogen, Total mg/L	pH (Within wetlands) s.u.	
Code	80082	00530	00600	00300	00665	00400	00600	00400	
Mon. Site	INF-1	INF-1	WEP-1	WEP-1	WEP-1	WEP-1	WEP-2	WEP-2	
1									
2									
3									
4									
5									
6									
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30									
31									
Total									
Mo. Avg.									

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

DRAFT  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWB-3  
Well Type: Background  
Description: Background monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_ Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100mL	Grab	Quarterly				
pH	00400		Report	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-1  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-10  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):



**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-11  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-12  
Well Type: Compliance  
Description: Compliance monitoring well.  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-2  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-5  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-6  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DWIP  
County: Orange

Monitoring Well ID: MWC-8  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic well

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_\_ Yes \_\_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-9  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

DRAFT  
GROUNDWATER MONITORING REPORT - PART D

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange  
Office: Central District

Monitoring Well ID: MWI-4  
Well Type: Intermediate  
Description: Re-submitted DMR: Well

Report Frequency: Quarterly  
Program: Domestic

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_ Date Sample Obtained: ☐

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100mL	Grab	Quarterly				
pH	00400		Report	s.u.	Grab	Quarterly				
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**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-1 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_ Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

DRAFT  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-10 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-11 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-12 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
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Turbidity	00070		Report	NTU	Grab	Quarterly				

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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DWIP  
County: Orange

Monitoring Well ID: MWC-13 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-14 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	Grab	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

DRAFT  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-2 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-5 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):



DRAFT  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-6 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_Yes \_\_\_No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
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**DRAFT**  
**GROUNDWATER MONITORING REPORT - PART D**

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-7 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

DRAFT  
GROUNDWATER MONITORING REPORT - PART D

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DW1P  
County: Orange

Monitoring Well ID: MWC-8 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

DRAFT  
GROUNDWATER MONITORING REPORT - PART D

Facility Name: OCUD/Eastern Regional WRF  
Permit Number: FL0038849-009-DWIP  
County: Orange

Monitoring Well ID: MWC-9 Wetland  
Well Type: Compliance  
Description: Compliance monitoring well  
Report Frequency: Quarterly  
Program: Domestic

Office: Central District

Re-submitted DMR: ☐

Monitoring Period

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Sample Obtained: \_\_\_\_\_

Time Sample Obtained: \_\_\_\_\_

Was the well purged before sampling? ☐ Yes ☐ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
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COMMENTS AND EXPLANATION (Reference all attachments here):

**DRAFT**  
**INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT**

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28<sup>th</sup> of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g.  $< 0.001$ . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

**PART A -DISCHARGE MONITORING REPORT (DMR)**

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

**Resubmitted DMR:** Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

**No Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**Frequency of Analysis:** The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

**Sample Type:** The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comment and Explanation of Any Violations:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

## PART B - DAILY SAMPLE RESULTS

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62- 160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

## PART D - GROUND WATER MONITORING REPORT

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

**Detection Limits:** Record the detection limits of the analytical methods used.

**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

## SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.